

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
1	/				51	/				
2	/				52	/				
3	/				53	/				
4	/				54	/				
5	/				55	/				
6	/				56	/				
7	/				57	/				
8	/				58	/				
9	/				59	/				
10					60	/				
11	/				61	/				
12	/				62	/				
13	/				63	/				
14	/				64	/				
15	/				65	/				
16	/				66	/				
17	/				67	/				
18	/				68	/				
19	/				69	/				
20	/				70	/				
21	/				71					
22	/				72					
23	/				73					
24	3				74					
25	3				75					
26	3				76					
27	3				77					
28	/				78					
29	/				79					
30	/				80					
31	/				81					
32	/				82					
33	/				83					
34	/				84					
35	/				85					
36	/				86					
37	/				87					
38	/				88					
39	/				89					
40	/				90					
41	/				91					
42	/				92					
43	/				93					
44	/				94					
45	/				95					
46	3				96					
47	3				97					
48	/				98					
49	/				99					
50	3				100					
TOTAL IND.					TOTAL IND.	18				
TOTAL DEP.					TOTAL DEP.	65				
TOTAL CLAIMS					TOTAL CLAIMS					